BEST AVAILABLE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

Application or Docket Number

		CLAI	AIMS AS FILED - PART I (Column 1) (Column				umn 2)		SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
FOR			NUMBE	R FILED	ا د د	NUMBER	EXTRA		RATE	FEE	1	RATE	FEE
BASIC FEE										380.00	OR		760.00
TOTAL CLAIMS			129	minus	20≈	* //	) (f		X\$ 9=		OR	X\$18=	1872
INDEPENDENT CLAIMS / minu					3 =	* 9			X39=		OR	X78=	702
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2								ı	TOTAL		OR	TOTAL	3334
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)									SMALL	ENTITY	OR	OTHER SMALL	-
ENT A		REMA	IMS INING TER OMENT		PR	HIGHEST NUMBER REVIOUSLY PAID FOR /	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT A	Total	.3	7	Minus	**	124	= 0		X\$ 9=		OR	X\$18=	:
	Independent FIRST PRESE	* /	OE MI	Minus	***	10-	-	[	X39=		OR	X78=	
_	rino i Pricoc	MIATIO	V OF MIC	JETIPLE DE	PENU	CLAIN	710	<b>」</b> [	+130=		OR	+260=	
	_							L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	D		mn 1)			olumn 2)	(Column 3)				_		•
AMENDMENT B		REMA	IIMS IINING FER DMENT		PA	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 3	/	Minus	**	124	=		X\$ 9=		OR.	X\$18=	
	Independent FIRST PRESE	* /(	) NOE MI	Minus	PEND	DENT CLAIM	=		X39=	/	OR	X78=	. work
	THOTTHEOL		101 1010		LIND	LITT ODAII		' [	+130=		OR	+260=	
									TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Colu	mn 1)		(C	olumn 2)	(Column 3)		ODII. FEE		•	ADDII. FECI	
AMENDMENT C		CLA REMA AFT AMENE	INING ER		PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*		Minus	***		=	<b> </b>	X39=			X78=	
4	FIRST PRESE	NTATION	OF ML	JLTIPLE DEF	PEND	ENT CLAIM		]	\03=		OR	7/0-	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									+130=		OR	+260=	
** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
l '	The "Highest Num	har Pravid	auch Pair	f For" (Total of	rinden	andant) ic th	highest number	ar four	ad in the ann		نامم من	imo 1	

## Inis Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET) BER: 14/3/6/49

APPLICATION NUMBER:

		Total Fee	Calculati	on		
•	Fee Code	Total # Claims	Number Extra	KFee	Fee	= Total
Basic Filing Fee  Total Claims >20  Independent Claims >3  Mult. Dep Claim Present  Surcharge  English Translation	Sm./Lg.  201/101  203/103  202/102  204/104  205/105  139	124 -20 = 12 -3 =	104 x 9 x	Sm. Entity	Lg. Entity 1672 102 130	= Total
TOTAL FEE CALCUL	ATION .					3464
Fees due upon filing t	he application	:				
Total Filing Fees Due	= \$	344	,4			
Less Filing Fees Subm	uitted -\$					
BALANCE DUE	= \$	34	44			
Office of Initial Patent	Examination	······································		·		. <u>.</u>

Figure 7

FORM OIPE-RAM-01 (Rev. 12/97)